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**Campaign Finance  
Appointment of Treasurer or  
Candidate Committee Form  
For Candidate For State Office**

Governmental Ethics Commission  
109 W. 9th, Suite 504  
Topeka, KS 66612  
Phone (785) 296-4219  
Fax (785) 296-2548  
[www.kansas.gov/ethics](http://www.kansas.gov/ethics)

This is an (Check one)  **Initial Appointment**  **Amended Statement**

**Candidate** Candidate Name: **Susan L Concannon**  
Address: **921 North Mill**  
Address2:  
City: **Beloit** Zip: **67420**  
Home Phone: **(785) 738-3161** Business Phone: Cell Phone: **(785) 738-8087**  
County: **Mitchell** Email Address: **dtpruitt@nckcn.com**  
Office Sought: **State Representative** District No.: **107**

**Treasurer** Date Appointed: **06/01/2012**  
Treasurer Name: **Tamarah Pruitt**  
Address: **P O Box 607**  
Address2:  
City: **Beloit** State: **KS** Zip: **67420**  
Home Telephone: **(785) 738-2904** Business Phone: **(785) 738-3501** Cell Phone:  
Email Address: **dtpruitt@nckcn.com**

**Candidate Committee** Date Appointed:  
Chairperson's Name:  
Address:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

Date Appointed:  
Treasurer's Name:  
Address2:  
City: State: Zip:  
Home Telephone: Business Phone: Cell Phone:  
Email Address:

**I declare that this statement has been examined by me and to the best of my knowledge and belief is true, correct and complete. I understand that the intentional failure to file this document or intentionally filing a false document is a class A misdemeanor.**

Executed on:

Date: **7/30/2012 5:32:09 PM** Signature of Candidate: **Susan L. Concannon**

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